

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
FOR USE WITH FORM PTO-875

SERIAL NO. **09/787256** FILING DATE
APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	1		2		2	
TOTAL DEP.						
TOTAL CLAIMS	10		23		19	
TOTAL DEP.						

*MAY BE USED FOR ADDITIONAL CLAIMS & AMENDMENTS U.S. DEPARTMENT OF COMMERCE

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